ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS Registered No STANDARD CERTIFICATE OF BIRTH 1. PLACE OF BIRTH (If birth occupied in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make speplemental report, as directed. 2. Full name of child 6. Legitimate? 4. Twin, triplet or other. 7. Date To be answered ONLY of bir in event of plural Day 5. No., in order of birth. hirths. 14. Full maided 15. Residence (Usual place of above 9. Residence (Usual place of abode) If non-resident, give place and state. If non-resident, give place and state. Color or race 10, Color or race 17. Age at last birthday. (Years at last birthday 18. Birthplace (city 12. Birthplace (city or place). (State or country) (State or country) 19. Occupation 13. Occupation Nature of industry Nature of industry 21. Were precautions taken against oph-thalpila neonatorum? (a) Born alive and now living 20. Number of children of this mother. (b) Born alive but now dead. (Taken as of time of birth of child herein certified and including this child.) (c) Stillborn.. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* on the date about stated. I hereby certify that I attended the birth of this child, who was * When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwile). Given name added from Addres a supplemental report. Month, day, year Registrar

C

0

a SEPAKA.

Dud at a